

## **State-level Recommendations of the National Academy of Sciences/Institute of Medicine 2003 report “Reducing Underage Drinking: A Collective Responsibility”**

Excerpt from Executive Summary:

*“The committee reached the fundamental conclusion that underage drinking cannot be successfully addressed by focusing on youth alone. Youth drink within the context of a society in which alcohol use is normative behavior and images about alcohol are pervasive. They usually obtain alcohol – either directly or indirectly – from adults. Efforts to reduce underage drinking, therefore, need to focus on adults and must engage the society at large...”*

*The preeminent goal of the recommended strategy is to create and sustain a broad societal commitment to reduce underage drinking... The nation must collectively pursue opportunities to reduce the availability of alcohol to underage drinkers, the occasions for underage drinking, and the demand for alcohol among young people.”*

### **Recommendation #1: (6-1)<sup>⊗</sup>**

Fund and actively support the development of an adult-oriented media campaign to reduce underage drinking. (Note: while this recommendation is about a national media campaign, we are planning to do a new Maine campaign as well, to follow up on our 2003 campaign, which was cited as a model by the NAS panel of experts)

### **Recommendation #2: (7-2)\***

Alcohol companies, advertising companies, and commercial media should refrain from marketing practices (including product design, advertising, and promotional techniques) that have substantial underage appeal and should take reasonable precautions in the time, place, and manner of placement and promotion to reduce youthful exposure to alcohol advertising and marketing activity.

### **Recommendation #3 (7-3)\***

The alcohol industry trade associations, as well as individual companies, should strengthen their advertising codes to preclude placement of commercial messages in venues where a significant proportion of the expected audience is underage, to prohibit the use of commercial messages that have substantial underage appeal, and to establish independent external review boards to investigate complaints and enforce the codes. (note: while the trade associations that establish the advertising codes are national in scope, it may take pressure from the states to accomplish this goal).

### **Recommendation #4 (9-2)\***

States should strengthen their compliance check programs in retail outlets, using media campaigns and license revocation to increase deterrence.

### **Recommendation #5 (9-4)<sup>⊗</sup>**

States should require all sellers and servers of alcohol to complete state-approved training as a condition of employment.

### **Recommendation #6 (9-7) \***

States and localities should implement enforcement programs to deter adults from purchasing alcohol for minors.

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<sup>⊗</sup> Already in development or low priority based on barriers to implementation and less potential impact in Maine

\* **High potential for impact on the underage drinking problem in Maine**

**Recommendation #7 (9-12) \***

Local police, working with community leaders, should adopt and announce policies for detecting and terminating underage drinking parties, including routinely responding to complaints about teen parties, routinely checking open areas where teen drinking parties are known to occur, and routinely citing underage drinkers and the person who supplied the alcohol.

**Recommendation #8 (10-3) \***

Residential colleges and universities should adopt comprehensive prevention approaches, including evidence-based screening, brief intervention strategies, consistent policy enforcement, and environmental changes that limit underage access to alcohol.

**Recommendation #9 (10-5) \***

States (and the U.S. Dept of Health and Human Services) should expand the availability of effective clinical services for treating alcohol abuse among underage populations and for following up on treatment. Also establish policies that facilitate diagnosing and referring underage alcohol abusers and those who are alcohol dependent for clinical treatment.

**Recommendation #10 (11-2) \***

Public and private funders should support community mobilization to reduce underage drinking with targeted, evidence-based prevention strategies.

**Recommendation #11 (12-4)**

Each state should designate a lead agency to coordinate and spearhead its activities and programs to reduce and prevent underage drinking.

**Recommendation #12 (12-6) <sup>⊗</sup>**

National surveys should be revised to elicit more precise information on the quantity of alcohol consumed and to ascertain brand preferences of underage drinkers. (note: this recommendation focuses on national surveys, but states could also incorporate these types of questions into state surveys rather than waiting for the national data).

**Recommendation #13 (12-7) \***

Congress and state legislatures should raise alcohol taxes to reduce underage consumption and to raise additional revenues dedicated to this goal. Top priority should be given to raising beer taxes, and tax rates for all alcoholic beverages should be indexed to the consumer price index so that they keep pace with inflation without the necessity of further legislative action.

**Recommendation #14 (12-8) <sup>⊗</sup>**

All interventions, whether funded by public or private sources, should be rigorously evaluated, and a portion of all grant funds for alcohol-related programs should be designated for evaluation.

**Recommendation #15 (12-9) \***

States and the federal government should fund the development and evaluation of programs to cover all underage populations.

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<sup>⊗</sup> Already in development or low priority based on barriers to implementation and less potential impact on the problem in Maine

\* High priority due to large potential impact on the underage drinking problem in Maine